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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90046 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08699

1. Corporation Name

MARTIN GAS SALES, INC.

Principal Place of Business

401 E SABINE
P. O. DRAWER 191
KILGORE TX 75662

Mailing Address

401 E SABINE
P. O. DRAWER 191
KILGORE TX 75662

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1986

4. FEI Number

75-2081053

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 4200 Stone Road

2a. Mailing Address

26 P.O. Box 191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Kilgore, TX

Zip

24 75662

Country

25 USA

City & State

28 Kilgore, TX

Zip

29 75663

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDV	<input type="checkbox"/> DELETE
NAME	MARTIN, R S, JR	
STREET ADDRESS	101 EAST SABINE	
CITY-ST-ZIP	KILGORE TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, RUBEN S, III	
STREET ADDRESS	101 EAST SABINE	
CITY-ST-ZIP	KILGORE TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEUMEYER, DONALD R	
STREET ADDRESS	101 EAST SABINE	
CITY-ST-ZIP	KILGORE TX	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTIN, MARGARET G	
STREET ADDRESS	101 EAST SABINE	
CITY-ST-ZIP	KILGORE TX	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	SKELTON, WESLEY M (ASST)	
STREET ADDRESS	101 EAST SABINE	
CITY-ST-ZIP	KILGORE TX	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	BONDURANT, ROBT D (ASST)	
STREET ADDRESS	101 EAST SABINE	
CITY-ST-ZIP	KILGORE TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

545015-410040-55
P08699

Martin Gas Sales, Inc. 75-2043653
Attachment to Corporation Annual Report

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1	TITLE	D
7.2	NAME	MARTIN, SCOTT D.
7.3	ADDRESS	P.O. BOX 191
7.4	CITY-ST-ZIP	KILGORE, TX 75663